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# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	For Other Than An Auti	norized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
The People's Sheriff			
ADDRESS (number and street)	5822 Crighton Drive		
▼ Check if different			
than previously reported. (ACC)	Dublin		OH 43016 - L L L L L L L L L L L L L L L L L L
2. FEC IDENTIFICATION N	UMBER ▼ CIT	YA	STATE ▲ ZIP CODE ▲
C C00576371		S THIS NEW (N) OF	AMENDED (A)
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	20 (M2) May 20 (M	(Non-Election Year Only)
(a) Quarterly Reports:	Mar	20 (M3) Jun 20 (M6	(Non-Election Year Only)
April 15 Quarterly Report (0		20 (M4) Jul 20 (M7	Oct 20 (M10) Jan 31 (YE)
July 15 Quarterly Report (0	PRE-Election	Primary (12P)	General (12G) Runoff (12R)
October 15 Quarterly Report (0	Report for the:	Convention (12C)	Special (12S)
January 31 Year-End Report (	YE)Electio	n on	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	on (d) 30-Day  POST-Election  Report for the:	<b>X</b> General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Electio	n on 12 08	in the State of
5. Covering Period 10		through 11	M / D D / Y Y Y Y Y Y Z Y Z Z Z Z Z Z Z Z Z Z Z
I certify that I have examined the		my knowledge and belief it is	true, correct and complete.
Type or Print Name of Treasure	Phillips, Robert, , , er		
Signature of Treasurer	lips, Robert, , ,	[Electronically Filed]	Date 12 / 01 / 2016
NOTE: Submission of false, erron	neous, or incomplete information	n may subject the person signing	this Report to the penalties of 52 U.S.C. § 3010s
Office Use			FEC FORM 3X Rev. 05/2016

#### **SUMMARY PAGE** OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 05/2016) Page 2 Write or Type Committee Name The People's Sheriff 10 01 2016 11 28 2016 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 17232.88 January 1, 2016 (b) Cash on Hand at 16743.24 Beginning of Reporting Period..... 1090.00 21059.00 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 38291.88 17833.24 6(a) and 6(c) for Column B)..... 29.74 20488.38 Total Disbursements (from Line 31)..... 8. Cash on Hand at Close of Reporting Period 17803.50 17803.50 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 52000.91 Schedule C and/or Schedule D) ..... This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission

999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

The People's Sheri
--------------------

Report Covering the Period: From: 10 01 2016 To: 11 28 2016								
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date						
. Contributions (other than loans) From:								
(a) Individuals/Persons Other								
Than Political Committees	110.00	2240.00						
(i) Itemized (use Schedule A)	110.00	2210.00						
(ii) Unitemized	980.00	18849.00						
(iii) TOTAL (add	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	7 100 100						
Lines 11(a)(i) and (ii)	1090.00	21059.00						
(b) Political Party Committees	0.00	0.00						
(c) Other Political Committees								
(such as PACs)	0.00	0.00						
(d) Total Contributions (add Lines								
11(a)(iii), (b), and (c)) (Carry	1000.00	21059.00						
Totals to Line 33, page 5)▶	1090.00	21059.00						
. Transfers From Affiliated/Other	0.00	0.00						
Party Committees	0.00	0.00						
3. All Loans Received	0.00	0.00						
. All Loans neceiveu	45 45 45							
Lean Renovmente Received	0.00	0.00						
. Loan Repayments Received	0.00	0.00						
(Refunds, Rebates, etc.)								
(Carry Totals to Line 37, page 5)	0.00	0.00						
5. Refunds of Contributions Made	4 4	4 4						
to Federal Candidates and Other								
Political Committees	0.00	0.00						
7. Other Federal Receipts								
(Dividends, Interest, etc.)	0.00	0.00						
Transfers from Non-Federal and Levin Funds								
(a) Non-Federal Account								
(from Schedule H3)	0.00	0.00						
		0.00						
(b) Levin Funds (from Schedule H5)	0.00	0.00						
(a) Total Transfers (add 19/5) and 19/5)	0.00	222						
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00						
Total Receipts (add Lines 11/d)								
7. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	1090.00	21059.00						
12, 10, 17, 10, 17, and 10(0))	1090.00	21033.00						
. Total Federal Receipts								
(subtract Line 18(c) from Line 19)▶	1090.00	21059.00						

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
	Operating Expenditures:	Total IIIIS FEIIOU	Calendar Tear-to-Date		
,	(a) Allocated Federal/Non-Federal Activity (from Schedule H4)				
	(i) Federal Share	0.00	0.00		
			0.00		
	(ii) Non-Federal Share	0.00	0.00		
(	(b) Other Federal Operating	29.74	15613.38		
	Expenditures (c) Total Operating Expenditures	23.14	10010.00		
,	(add 21(a)(i), (a)(ii), and (b))▶	29.74	15613.38		
	Transfers to Affiliated/Other Party	4 4	4 4 4		
	Committees	0.00	0.00		
	Contributions to Federal Candidates/Committees		200		
	and Other Political Committees	0.00	0.00		
	ndependent Expenditures (use Schedule E)	0.00	0.00		
(	Coordinated Party Expenditures	0.00	0.00		
(	(52 U.S.C. § 30116(d)) cuse Schedule F)	0.00	0.00		
	,	4 4	0.00		
ı	oan Repayments Made	0.00	0.00		
		4 4	4 4		
	_oans Made Refunds of Contributions To:	0.00	0.00		
	(a) Individuals/Persons Other				
	Than Political Committees	0.00	4875.00		
	(b) Political Party Committees	0.00	0.00		
	(c) Other Political Committees	0.00	0.00		
	(such as PACs)	0.00	0.00		
	(d) Total Contribution Refunds		7 7		
	(add Lines 28(a), (b), and (c))	0.00	4875.00		
	,	4	4 4		
	Other Disbursements (Including				
ı	Non-Federal Donations)	0.00	0.00		
	Federal Election Activity (52 U.S.C. § 30101(2	20))			
	(a) Allocated Federal Election Activity				
	(from Schedule H6)				
	(i) Federal Share	0.00	0.00		
			T T T		
	(ii) "Levin" Share	0.00	0.00		
(	(b) Federal Election Activity Paid				
	Entirely With Federal Funds	0.00	0.00		
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	2.22			
	======================================	0.00	0.00		
	Total Disbursements (add Lines 21(c), 22,				
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	20.74	00,100,00		
	,,,,,,,	29.74	20488.38		
	Total Federal Disbursements				
(	(subtract Line 21(a)(ii) and Line 30(a)(ii)				
1	rom Line 31)	29.74	20488.38		
		4 4	23.38.00		

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5 **COLUMN A** COLUMN B III. Net Contributions/ **Total This Period** Calendar Year-to-Date **Operating Expenditures** 33. Total Contributions (other than loans) 1090.00 21059.00 (from Line 11(d), page 3) ..... 34. Total Contribution Refunds 0.00 4875.00 (from Line 28(d))..... 35. Net Contributions (other than loans) 16184.00 1090.00 (subtract Line 34 from Line 33) ..... 36. Total Federal Operating Expenditures 29.74 15613.38 (add Line 21(a)(i) and Line 21(b)) .......▶ 37. Offsets to Operating Expenditures 0.00 0.00 (from Line 15, page 3)..... 38. Net Operating Expenditures 29.74 15613.38 (subtract Line 37 from Line 36) ......

#### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)

FOR LINE NUMBER:					PAGE		6	OF	18	
(check only one)										
	X	11a		11b		11c		12		
		13		14		15		16	;	17

for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) The People's Sheriff Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Good, Tony,,, Date of Receipt Mailing Address 449 W Palm Aire Drive 2016 13 City State Zip Code Transaction ID: SA11AI.11996 Pompano Beach FL 33069 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Windstream Sales Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Good, Tony, , , Date of Receipt Mailing Address 449 W Palm Aire Drive 2016 City State Zip Code Transaction ID: SA11AI.12027 FL Pompano Beach 33069 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Windstream Sales Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 275.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Mitchell, Robert, , , Date of Receipt Mailing Address 2193 Bayou View Cir 03 2016 City State Zip Code Transaction ID: SA11AI.11983 MS Gautier 39553 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 75.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

# SCHEDULE A (FEC Form 3X)

TOTAL This Period (last page this line number only).....

Use separate schedule(s)

FOR LINE NUMBER:					PAGE		7	OF	18	
(check only one)										
	X	11a		11b		11c		12		
		13		14		15		16	;	17

ITEMIZED RECEIPTS for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) The People's Sheriff Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mitchell, Robert, , , Date of Receipt Mailing Address 2193 Bayou View Cir 2016 City Zip Code State Transaction ID: SA11AI.12022 MS Gautier 39553 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 275.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Reed, Jerry, , , Date of Receipt Mailing Address 1329 Hwy 395 N. 05 2016 Suite 10-159 City State Zip Code Transaction ID: SA11AI.12023 Gardnerville NV 89410 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) L.A.Co. Fire Dept. Retired Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 210.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 35.00 SUBTOTAL of Receipts This Page (optional)..... 110.00

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SCHEDULE B (FEC Form 3X)			FOR LINE	PAGE 8 OF 18					
I LIVII LED DIODONOLIVILIA IO I for each category of the I -			· · · · · · · · · · · · · · · · · · ·	(check only one)  X 21b 22 23 26 27					
	Detailed Summary Page		<b>X</b> 21b		23 28c	26 27 29 30b			
Any information copied from such Reports and Staten	nente may r	not he sold or use							
or for commercial purposes, other than using the name									
NAME OF COMMITTEE (In Full)									
The People's Sheriff									
Full Name (Last, First, Middle Initial)				Data of F	\: = l= = =				
A. CardConnect					isburseme				
Mailing Address 1000 Continental Drive Suite 600				10	03	2016			
,	State	Zip Code		FEC Iden	tification N	Jumber			
King of Prussia	PA	19406							
Purpose of Disbursement Bank Fees			· · · ·	C					
Candidate Name			Catagony			: SB21B.12031 sbursement this Period			
			Category/ Type	Amount	I Each Di	spursement this Feriod			
Office Sought: House Disburser	ment For:			11	<b>35.</b> I	8.70			
Senate	Primary	General			,	,			
State: District:	Other (spec	cify) 🔻		Mem	ltem				
Full Name (Last, First, Middle Initial)									
B. CardConnect				Date of D	isburseme	ent			
				M = M	M = M / D = D / Y = Y = Y				
Mailing Address 1000 Continental Drive Suite 600									
,	State PA	Zip Code 19406		FEC Iden	tification N	Number			
King of Prussia Purpose of Disbursement		C							
Bank Fees						- CD24D 42020			
Candidate Name	Candidate Name  Category/ Type				Transaction ID: SB21B.12030 Amount of Each Disbursement this F				
Office Sought: House Disburser	ment For:		.,,,,	1   1   1		21.04			
Senate	Primary General					4			
	Other (spec	cify)		Memo	ltem				
State: District:									
Full Name (Last, First, Middle Initial)  C.				Date of D	isburseme	ent			
				M M	/ D D	/ Y Y Y Y Y			
Mailing Address				L					
City	State	Zip Code		FEC Iden	tification N	Number			
Purpose of Disbursement									
	C								
Candidate Name	Amount o	f Each Di	sbursement this Period						
Office Sought: House Disburser									
Senate Disburser				4- 4-					
President	Primary Other (spec	General cify) ▼		Mom	o Item				
State: District:				iviem	ıleni				
SUBTOTAL of Disbursements This Page (optional)					70.1	29.74			
				-		20.71			
TOTAL This Period (last page this line number only)						29.74			

**Excluding Loans** 

(Use separate schedule(s) for each numbered line)

PAGE OF 18 FOR LINE NUMBER: (check only one)

	<b>3</b>			Hambered inter	<b>X</b> 10
	ie of committee (in full) e People's Sheriff				
A	A. Full Name (Last, First, Middle Initial) of Debtor of Axiom Strategies, LLC	Nature of Debt (Pu Digital Services	rpose):		
N	Mailing Address 1251 NW Briarcliff Pkwy #85				
	Dity	State	Zip Code		
	Kansas City				
	Outstanding Balance Beginning This Period			Transaction ID :	SD10.11435
	4711.69				
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balar	nce at Close of This Period
	0.00	7	0.0	00	4711.69
E	3. Full Name (Last, First, Middle Initial) of Debtor o Axiom Strategies, LLC	r Creditor		Nature of Debt (Pu Fundraising Comm	
٨	Mailing Address 1251 NW Briarcliff Pkwy #85				
- 1	City Kansas City	State MO	Zip Code 64116		
H.	Outstanding Balance Beginning This Period	IVIO	1 01110	Tanana dia 10	OD40 44 400
	503.13			Transaction ID :	SD10.11436
	Amount Incurred This Period	Outstanding Balar	nce at Close of This Period		
	0.00	7	0.0	00	503.13
C	C. Full Name (Last, First, Middle Initial) of Debtor Axiom Strategies, LLC	or Creditor		Nature of Debt (Pu Digital Services	rpose):
٨	Mailing Address 1251 NW Briarcliff Pkwy #85				
- 1	City Kansas City	State MO	Zip Code 64116		
	Outstanding Balance Beginning This Period 2650.00			Transaction ID :	SD10.11438
	Amount Incurred This Period	Pay	ment This Period	Outstanding Rala	nce at Close of This Period
		ray			2650.00
	0.00		0.0	30	2030.00
1)	SUBTOTALS This Period This Page (optional)				7864.82
2)	TOTALS This Period (last page this line number o	nly)		<b>&gt;</b>	7
3)	TOTAL OUTSTANDING LOANS from Schedule C	(last page or	nly)		
4)	ADD 2) and 3) and carry forward to appropriate lir	nly) ▶			

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 10 OF
FOR LINE NUMBER:
(check only one)

9 **X** 10

The People's Sheriff							
A. Full Name (Last, First, Middle Initial) of Debtor of Axiom Strategies, LLC	Nature of Debt (Purpose): Fundraising Commission						
Mailing Address 1251 NW Briarcliff Pkwy #85	_						
City							
Kansas City	Kansas City MO 64116						
Outstanding Balance Beginning This Period	Transaction ID : SD10.11439						
Amount Incurred This Period	Payr	ment This Period	Outstanding Balance at Close of This Period				
0.00	7	0.00	173.18				
B. Full Name (Last, First, Middle Initial) of Debtor or Axiom Strategies, LLC	Creditor		Nature of Debt (Purpose): Digital Services				
Mailing Address 1251 NW Briarcliff Pkwy #85							
City	State	Zip Code					
Kansas City	MO	64116					
Outstanding Balance Beginning This Period 2650.00	Transaction ID : SD10.11441						
Amount Incurred This Period	7 7						
0.00	7	0.00	2650.00				
C. Full Name (Last, First, Middle Initial) of Debtor of Axiom Strategies, LLC	or Creditor		Nature of Debt (Purpose): Fundraising Commission				
Mailing Address 1251 NW Briarcliff Pkwy #85							
City Kansas City	State MO	Zip Code 64116					
Outstanding Balance Beginning This Period  144.45  Amount Incurred This Period	Payr	nent This Period	Transaction ID: SD10.11442  Outstanding Balance at Close of This Period				
0.00		0.00	144.45				
1) SUBTOTALS This Period This Page (optional)		<b>&gt;</b>	2967.63				
2) TOTALS This Period (last page this line number or	nly)	<b>&gt;</b>	7 7 7				
3) TOTAL OUTSTANDING LOANS from Schedule C	3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)						
) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶							

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 11 OF 18
FOR LINE NUMBER:

FOR LINE NUMBER: (check only one) 9

			,   10			
NAME OF COMMITTEE (In Full) The People's Sheriff						
A. Full Name (Last, First, Middle Initial) of Debte	or or Creditor		Nature of Debt (Purpose):			
Axiom Strategies, LLC	Media Monitoring					
Mailing Address 1251 NW Briarcliff Pkwy						
City	#85 City State Zip Code					
Kansas City	MO	64116				
Outstanding Balance Beginning This Period			Transaction ID : SD10.11964			
200.00						
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period			
0.00	7	0.00	200.00			
B. Full Name (Last, First, Middle Initial) of Debto Axiom Strategies, LLC	r or Creditor		Nature of Debt (Purpose): Digital			
Mailing Address 1251 NW Briarcliff Pkwy						
#85						
City Kansas City	State MO	Zip Code 64116				
,						
Outstanding Balance Beginning This Period 2809.68			Transaction ID: SD10.11965			
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Perio			
0.00		0.00	2809.68			
C. Full Name (Last, First, Middle Initial) of Debte Axiom Strategies, LLC	or or Creditor		Nature of Debt (Purpose): Media Monitoring			
Mailing Address 1251 NW Briarcliff Pkwy						
#85 City	State	Zip Code	_			
Kansas City	MO	64116				
Outstanding Balance Beginning This Period 200.00			Transaction ID: SD10.11966			
Amount Incurred This Period	Pay	yment This Period	Outstanding Balance at Close of This Period			
0.00	1 4	0.00	200.00			
0.00	<u> </u>	0.00	200.00			
1) SUBTOTALS This Period This Page (optional)			3209.68			
2) TOTALS This Period (last page this line number	r only)		·			
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page o	only)	·			
4) ADD 2) and 3) and carry forward to appropriate	·					

**Excluding Loans** 

(Use separate schedule(s) for each numbered line)

PAGE 12 OF 18 FOR LINE NUMBER: (check only one)

9 **X** 10

NAME OF COMMITTEE (In Full) The People's Sheriff			·
A. Full Name (Last, First, Middle Initial) of Debtor of Axiom Strategies, LLC	Nature of Debt (Purpose): Fundraising Commission		
Mailing Address 1251 NW Briarcliff Pkwy #85			
City Kansas City	State MO	Zip Code 64116	
Outstanding Balance Beginning This Period			Transaction ID: SD10.11967
79.84  Amount Incurred This Period	Payr	ment This Period	Outstanding Balance at Close of This Period
0.00	7	0.00	79.84
B. Full Name (Last, First, Middle Initial) of Debtor o Axiom Strategies, LLC	r Creditor		Nature of Debt (Purpose): Digital
Mailing Address 1251 NW Briarcliff Pkwy #85 City	State	Zip Code	
Kansas City	МО	64116	
Outstanding Balance Beginning This Period 2731.30			Transaction ID : SD10.11969
Amount Incurred This Period	Payr	ment This Period	Outstanding Balance at Close of This Period
0.00	-	0.00	2731.30
C. Full Name (Last, First, Middle Initial) of Debtor of Axiom Strategies, LLC	or Creditor		Nature of Debt (Purpose):  Media Monitoring
Mailing Address 1251 NW Briarcliff Pkwy #85			
City Kansas City	State MO	Zip Code 64116	
Outstanding Balance Beginning This Period 200.00			Transaction ID : SD10.11970
Amount Incurred This Period	Payr	ment This Period	Outstanding Balance at Close of This Period
0.00	-	0.00	200.00
1) SUBTOTALS This Period This Page (optional)			3011.14
2) TOTALS This Period (last page this line number of	nly)		
3) TOTAL OUTSTANDING LOANS from Schedule C	(last page on	ly)	
4) ADD 2) and 3) and carry forward to appropriate lin	ne of Summar	y Page (last page only) ▶	

**Excluding Loans** 

(Use separate schedule(s) for each numbered line)

PAGE 13 OF FOR LINE NUMBER: (check only one)

9 **X** 10

NAME OF COMMITTEE (In Full) The People's Sheriff		·				
A. Full Name (Last, First, Middle Initial) of Debtor of Axiom Strategies, LLC	Nature of Debt (Purpose): Fundraising Commission					
Mailing Address 1251 NW Briarcliff Pkwy #85	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
City Kansas City	City State Zip Code					
Outstanding Balance Beginning This Period			Transaction ID : SD10.11971			
157.18						
Amount Incurred This Period	Payr	ment This Period	Outstanding Balance at Close of This Period			
0.00		0.00	157.18			
B. Full Name (Last, First, Middle Initial) of Debtor of Axiom Strategies, LLC	r Creditor		Nature of Debt (Purpose): Digital Services			
Mailing Address 1251 NW Briarcliff Pkwy #85			-			
City Kansas City	State MO	Zip Code 64116				
Outstanding Balance Beginning This Period 2650.00			Transaction ID : SD10.11673			
Amount Incurred This Period						
0.00	7	0.00	2650.00			
C. Full Name (Last, First, Middle Initial) of Debtor of Axiom Strategies, LLC	or Creditor		Nature of Debt (Purpose): Fundraising Commission			
Mailing Address 1251 NW Briarcliff Pkwy #85						
City Kansas City	State MO	Zip Code 64116				
Outstanding Balance Beginning This Period		•	Transaction ID : SD10.11674			
156.23						
Amount Incurred This Period	Payr	ment This Period	Outstanding Balance at Close of This Period			
0.00	<b>—</b>	0.00	156.23			
1) SUBTOTALS This Period This Page (optional)		<b>&gt;</b>	2963.41			
2) TOTALS This Period (last page this line number or	nly)	<b>&gt;</b>	7 7			
3) TOTAL OUTSTANDING LOANS from Schedule C	(last page on	ly)	7 7			
4) ADD 2) and 3) and carry forward to appropriate lin						

**Excluding Loans** 

(Use separate schedule(s) for each numbered line)

PAGE 14 OF 18 FOR LINE NUMBER: (check only one)

9 **X** 10

NAME OF COMMITTEE (In Full) The People's Sheriff		·	
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  Axiom Strategies, LLC			Nature of Debt (Purpose): Media Monitoring
#85 Mailing Address 1251 NW Briarcliff Pkwy	Mailing Address 1251 NW Briarcliff Pkwy #85		
City Kansas City	State MO	Zip Code 64116	
Outstanding Balance Beginning This Period			Transaction ID: SD10.11974
200.00			
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
0.00	7	0.00	200.00
B. Full Name (Last, First, Middle Initial) of Debtor of Axiom Strategies, LLC	B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Axiom Strategies, LLC		
Mailing Address 1251 NW Briarcliff Pkwy #85	04-4-	7'- O-d-	
City Kansas City	State MO	Zip Code 64116	
Outstanding Balance Beginning This Period 370.36			Transaction ID : SD10.11979
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
0.00		0.00	370.36
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Axiom Strategies, LLC			Nature of Debt (Purpose): Media Monitoring
Mailing Address 1251 NW Briarcliff Pkwy #85			_
City Kansas City	State MO	Zip Code 64116	
Outstanding Balance Beginning This Period 200.00			Transaction ID: SD10.11980
Amount Incurred This Period	Pav	ment This Period	Outstanding Balance at Close of This Period
0.00		0.00	200.00
1) SUBTOTALS This Period This Page (optional)		<b>&gt;</b>	770.36
2) TOTALS This Period (last page this line number only)			7 7
3) TOTAL OUTSTANDING LOANS from Schedule C	7 7		
4) ADD 2) and 3) and carry forward to appropriate lin	ne of Summa	ry Page (last page only) ▶	

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 15 OF
FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full) The People's Sheriff A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **Fundraising Commission** Axiom Strategies, LLC Mailing Address 1251 NW Briarcliff Pkwy #85 City State Zip Code Kansas City MO 64116 Transaction ID: SD10.11981 Outstanding Balance Beginning This Period 208.53 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 208.53 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Digital Axiom Strategies, LLC Mailing Address 1251 NW Briarcliff Pkwy #85 City State Zip Code Kansas City 64116 MO Outstanding Balance Beginning This Period Transaction ID: SD10.11975 2850.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 2850.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **Email Campaign** Candidate Command Mailing Address 1420 NW Vivion Road Suite 113 City State Zip Code Kansas City MO 64118 Outstanding Balance Beginning This Period Transaction ID: SD10.11431 18453.68 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 18453.68 21512.21 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ...... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

**Excluding Loans** 

(Use separate schedule(s) for each numbered line)

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ck only one)		9
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NAME OF COMMITTEE (In Full) The People's Sheriff			
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Candidate Command			Digital Services
Mailing Address 1420 NW Vivion Road Suite 113			
City	State	Zip Code	
Kansas City	MO	64118	
Outstanding Balance Beginning This Period			Transaction ID : SD10.11433
5201.66			
Amount Incurred This Period	Paym	ent This Period	Outstanding Balance at Close of This Period
0.00		0.00	5201.66
B. Full Name (Last, First, Middle Initial) of Debtor or	Creditor		Nature of Debt (Purpose):
Henry Alan, LLC			Compliance and Accounting
Mailing Address 5822 Crighton Drive			
City	State	Zip Code	
Dublin	ОН	43016	
Outstanding Balance Beginning This Period			Transaction ID : SD10.11437
250.00			
Amount Incurred This Period	Paym	ent This Period	Outstanding Balance at Close of This Period
0.00	· · · ·	0.00	250.00
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Henry Alan, LLC			Nature of Debt (Purpose): Compliance and Accounting
Mailing Address 5822 Crighton Drive			
City Dublin	State OH	Zip Code 43016	
Outstanding Balance Beginning This Period			Transaction ID : SD10.11440
750.00			
Amount Incurred This Period	Paym	ent This Period	Outstanding Balance at Close of This Period
0.00	7	0.00	750.00
SUBTOTALS This Period This Page (optional)			6201.66
2) TOTALS This Period (last page this line number only)			
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)			
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶			

**Excluding Loans** 

(Use separate schedule(s) for each numbered line)

PAGE 17 OF 18 FOR LINE NUMBER: (check only one)

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NAME OF COMMITTEE (In Full) The People's Sheriff			
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  Henry Alan, LLC			Nature of Debt (Purpose): Accounting and Compliance
5822 Crighton Drive	Mailing Address 5822 Crighton Drive		
City Dublin	State OH	Zip Code 43016	
Outstanding Balance Beginning This Period			Transaction ID : SD10.11963
1000.00			
Amount Incurred This Period	Payn	nent This Period	Outstanding Balance at Close of This Period
0.00	0.00		1000.00
B. Full Name (Last, First, Middle Initial) of Debtor or Henry Alan, LLC	B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Henry Alan, LLC		
Mailing Address 5822 Crighton Drive			
City Dublin	State OH	Zip Code 43016	
Outstanding Balance Beginning This Period 500.00			Transaction ID : SD10.11968
Amount Incurred This Period	Payn	nent This Period	Outstanding Balance at Close of This Period
0.00		0.00	500.00
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Henry Alan, LLC			Nature of Debt (Purpose): Accounting and Compliance
Mailing Address 5822 Crighton Drive			
City Dublin	State OH	Zip Code 43016	
Outstanding Balance Beginning This Period 500.00			Transaction ID : SD10.11972
Amount Incurred This Period	Payn	nent This Period	Outstanding Balance at Close of This Period
0.00		0.00	500.00
1) SUBTOTALS This Period This Page (optional)		<b>&gt;</b>	2000.00
2) TOTALS This Period (last page this line number only)			
3) TOTAL OUTSTANDING LOANS from Schedule C	7 7		
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶			

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 18 OF
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NAME OF COMMITTEE (In Full) The People's Sheriff			
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  Henry Alan, LLC			Nature of Debt (Purpose): Accounting and Compliance
Mailing Address 5822 Crighton Drive	Mailing Address 5822 Crighton Drive		
City Dublin	State OH	Zip Code 43016	
Outstanding Balance Beginning This Period			Transaction ID : SD10.11973
500.00			
Amount Incurred This Period	Payment This Period		Outstanding Balance at Close of This Period
0.00	0.00		500.00
B. Full Name (Last, First, Middle Initial) of Debtor or Henry Alan, LLC	B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Henry Alan, LLC		
Mailing Address 5822 Crighton Drive			
City Dublin	State OH	Zip Code 43016	
Outstanding Balance Beginning This Period 500.00			Transaction ID : SD10.11978
Amount Incurred This Period	Paym	nent This Period	Outstanding Balance at Close of This Period
0.00	-	0.00	500.00
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Henry Alan, LLC			Nature of Debt (Purpose): Accounting and Compliance
Mailing Address 5822 Crighton Drive			
City Dublin	State OH	Zip Code 43016	
Outstanding Balance Beginning This Period 500.00			Transaction ID : SD10.11976
Amount Incurred This Period	Paym	nent This Period	Outstanding Balance at Close of This Period
0.00		0.00	500.00
SUBTOTALS This Period This Page (optional)		<b>&gt;</b>	1500.00
2) TOTALS This Period (last page this line number only)			52000.91
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)			0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶			52000.91